

STUDENT CHANGE OF ADVISOR

This form is to be used for all change of advisor requests. Please be sure to mark all applicable places. It is the student's responsibility to consult with and receive approval from the appropriate personnel (listed below) to justify changing advisors. Upon approval by the appropriate personnel, the completed form should then be returned to the School of Nursing's Registrar Office for processing.

Section 1: Student Information

Student Name: _____ Duke Unique ID: _____ Date: _____

Student Signature: _____

Program: ABSN MSN Certificate DNP DNP-Nurse Anesthesia

Primary Major: _____ Secondary Major: _____

Section 2: Faculty Endorsements

_____	_____	_____
Program Assistant Dean	Signature	Date
_____	_____	_____
Current Advisor	Signature	Date
_____	_____	_____
Proposed Advisor	Signature	Date

Processed by School of Nursing Registrar
(for office use only)

Completed form should be submitted to:
School of Nursing Registrar
DUMC 3322 - Durham, NC 27710
Email: dusonregistrar@dm.duke.edu
Fax: 919-660-9243